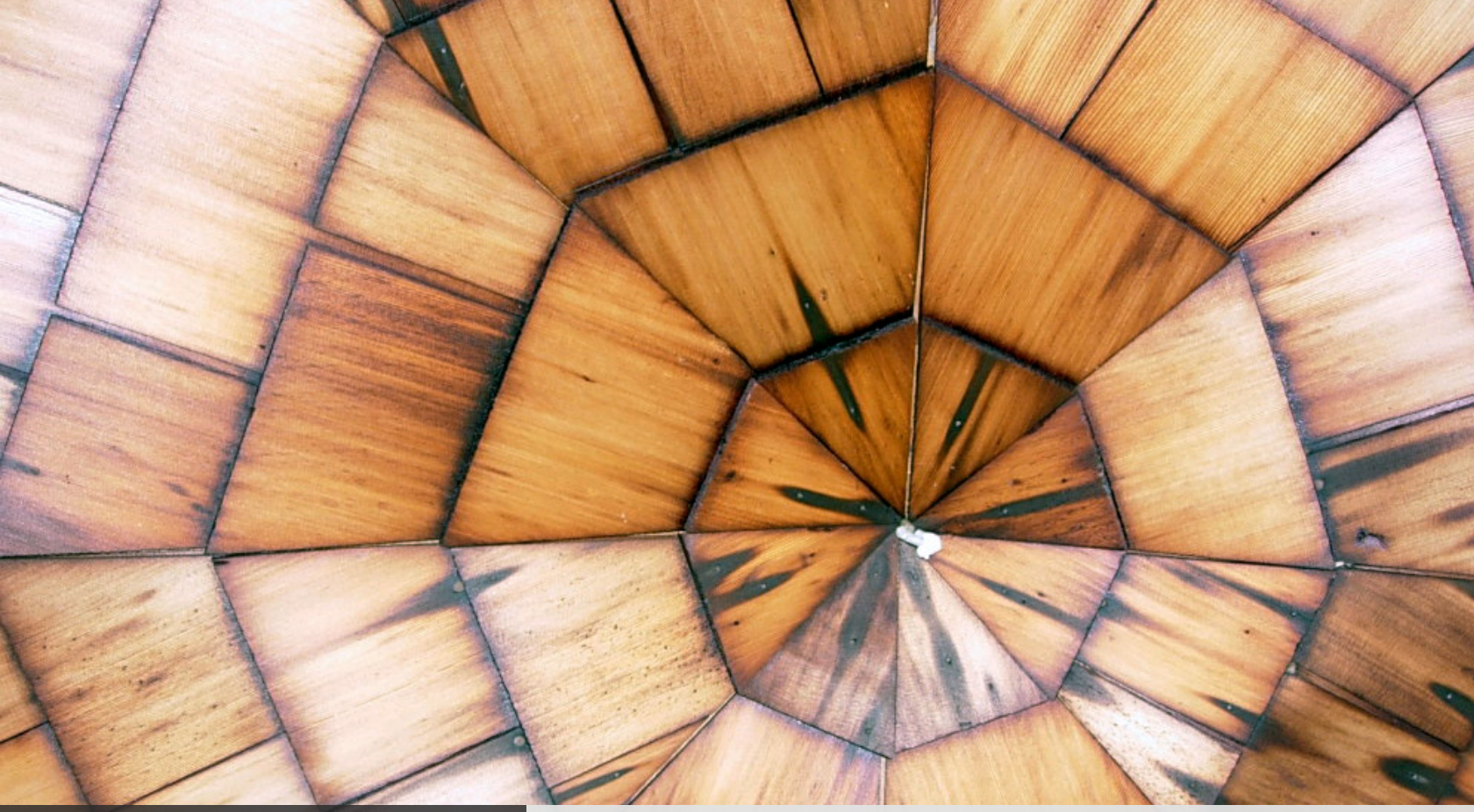
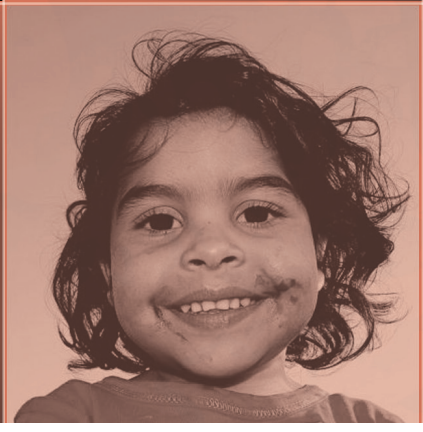


Urban Indian Health Institute
A Division of the Seattle Indian Health Board

Supporting Wellness: Substance Abuse Services at Urban Indian Health Organizations

February 2014

The mission of the Urban Indian Health Institute is to support the health and well-being of urban Indian communities through information, scientific inquiry and technology.



ACKNOWLEDGEMENTS

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The Urban Indian Health Institute would like to thank the staff at the Urban Indian Health Organizations for the excellent work they do on behalf of their communities.

INTRODUCTION

In an effort to promote health and well-being for American Indians and Alaska Natives (AI/ANs) in urban areas, the Urban Indian Health Institute (UIHI) launched the Health Equity Project in 2010. With funding from the U.S. Department of Health and Human Services, Office of Minority Health, this project aims to support the capacity of Urban Indian Health Organizations (UIHOs) to deliver high quality, culturally appropriate care through: (1) identification and dissemination of culturally appropriate models of care; (2) tools for and facilitation of strategic partnerships for peer knowledge sharing, resource leveraging and strategic planning; and (3) increasing knowledge and skills for outcomes evaluation. The project focuses on three health topic areas, identified through health disparities data, Healthy People 2020 objectives and the priority areas of the UIHOs: cardiovascular disease, depression and substance abuse.

The purpose of this report is to provide a description of the programs and services in use at UIHOs to address substance abuse prevention and recovery in urban AI/AN communities. This report also highlights four UIHO programs with the goal of sharing their experiences implementing innovative substance abuse programs with the network of UIHOs and the broader public health community. This report is unique; the only other source of data about services at the UIHOs is the Uniform Data System, which only reports on those services funded through Indian Health Service (IHS) grants and contracts.

This companion report supplements *Supporting Sobriety Among American Indians and Alaska Natives: A Literature Review*, which provides background information on the prevalence of and risk factors associated with substance abuse, as well as a review of literature, programs and activities focused on substance abuse in urban AI/AN populations.

Documenting and recognizing effective, culturally-targeted programs are essential to achieving Healthy People 2020 goals and realizing the overall outcome of health equity for all. We hope this report will serve as a source of ideas and inspiration, as well as an overview of strengths and opportunities for future substance abuse programming.

METHODS

We collected data from February to May 2013; data collection included surveys and key informant interviews of participating UIHO Executive Directors and program staff. Survey questions addressed: (1) types and availability of substance abuse related services; (2) incorporation of AI/AN culture into substance abuse services; (3) resources - financial and otherwise - most utilized to inform and support programming; (4) outcomes measured; and (5) successes and challenges in delivery of care.

In February of 2013, we sent the Executive Directors and select program staff of the 33 operating UIHOs an introduction to the project and invitation to participate in the survey. The email included instructions for participating in the survey by phone or online. During the four weeks following the initial email, UIHI staff conducted two follow-up phone calls and two follow-up emails to solicit participation from those who had yet to respond to the initial request. If at any time the Executive Director or program staff declined to participate in the survey, we made no further attempts at contact.

In the development of the survey, we prioritized the use of clear language and examples or definitions to provide clarity to survey items. However, individual differences in interpretation of the survey items and language may have influenced the responses chosen. Survey data were exported from the online survey tool into Excel for analysis.

In addition to the survey, we also collected in-depth accounts of how select programs were developed and achieved success. Based on survey responses, we invited a subset of UIHO Executive Directors and program staff to participate in an hour-long phone interview, conducted in May 2013. UIHI project staff developed vignettes focused on program highlights and recommendations for others interested in pursuing similar programming based on notes from these interviews. Each organization was given an opportunity to submit edits, comments or feedback before finalization.

RESULTS

Of the 33 UIHOs operating at the time of survey administration, 28 (85%) responded to the survey. However, not all questions were answered within each completed survey; the number of responses for each question is included with the table of complete results in the Appendix. We calculated percentages using the number of respondents for each question as the denominator.

Substance Abuse Services

Question: For each of the following substance abuse prevention or support services, please indicate if it is available on-site at your organization, if your organization provides referrals for that service, or if that service is not available.

UIHOs offer a wide range of services to address the substance abuse needs of the communities they serve. These include services that are prevention-focused (e.g. education, community events), as well as services that are treatment- and recovery-focused (e.g. intensive outpatient programs, therapy or counseling). Services are provided on-site and through referrals.

Figure 1. Availability of Prevention and Support Services

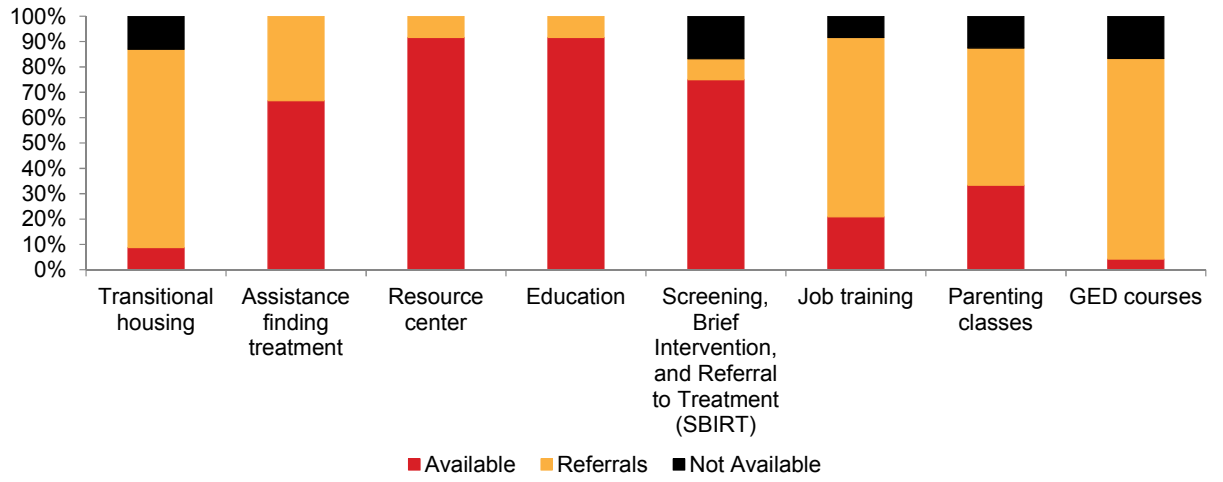


Figure 1 shows the availability of various substance abuse prevention and recovery support services. Each of the support services addressed in the survey was reported available on-site or through referral at more than 83% of the UIHOs. One hundred percent of respondents indicated availability of substance abuse education, assistance finding treatment and resource centers (online or in-person) either on-site or through referral. Other support services described include youth tutoring, anger management, domestic violence batterer's interventions and referrals to other domestic violence services.

PROGRAM HIGHLIGHT

Native American Lifelines (NAL)

Native American Lifelines enhances its capacity to support recovery from substance abuse for urban AI/ANs in the Baltimore area through partnerships with researchers. Partnering with the University of Maryland, Baltimore County School of Social Work, NAL provided the *Seeking Safety* intervention (www.seekingsafety.org). With an overarching goal of safety in relationships, thinking, behavior and emotions, *Seeking Safety* simultaneously treats trauma and substance abuse. Surveys administered after the intervention revealed high levels of client satisfaction and improvement in addiction severity. Evaluation studies have shown *Seeking Safety* to be an effective practice in many adult populations and a promising practice among adolescents.

Moving beyond trauma-specific interventions, NAL is taking steps to become a trauma informed care organization, to address the intersection of trauma and substance abuse, as well as other behavioral and physical health conditions. Using an organizational assessment toolkit from the Institute for Health and Recovery (http://www.healthrecovery.org/images/p/30_inside.pdf), NAL will examine every aspect of its management and service delivery system to understand how its processes and policies can avoid re-traumatization. As part of the development of an Intensive Outpatient Program all staff - receptionists, van drivers and counselors - are receiving in-service trainings on historical trauma and responding to those who have experienced trauma. Additionally, clinical staff are required to obtain specific training on the *Seeking Safety* protocol.

NAL currently offers case management and individual and group therapy for individuals with substance use problems. Working with patients to enhance their motivation towards sobriety, NAL does not require abstinence to participate in these services. Asking that participants attend regular support groups and have a recovery plan, NAL recognizes individual progress towards sobriety over time. Individual case management includes helping clients navigate a variety of health and social services such as transportation, housing, job skills, GED courses, as well as facilitating access to treatment for physical or mental health and substance abuse issues. Individual therapy involves trauma interventions and support, including developing coping skills and frustration tolerance to reduce relapse risk, as well as motivational enhancement to engage clients in higher levels of care when warranted. Building self-awareness and self-esteem to facilitate change, counselors and case managers work with clients based on individual needs as well as distinct tribal and personal histories.

For those that need more extensive care, NAL has a number of formal and informal partnerships with inpatient and intensive outpatient facilities, methadone clinics and halfway houses. NAL works to ensure referral agencies are sensitive to AI/AN individuals and trauma. NAL is providing cultural competency and historical trauma training to their partners to promote respect for AI/AN history, perspectives on wellness, and practices to ensure clients are able to access high quality, culturally sensitive care.

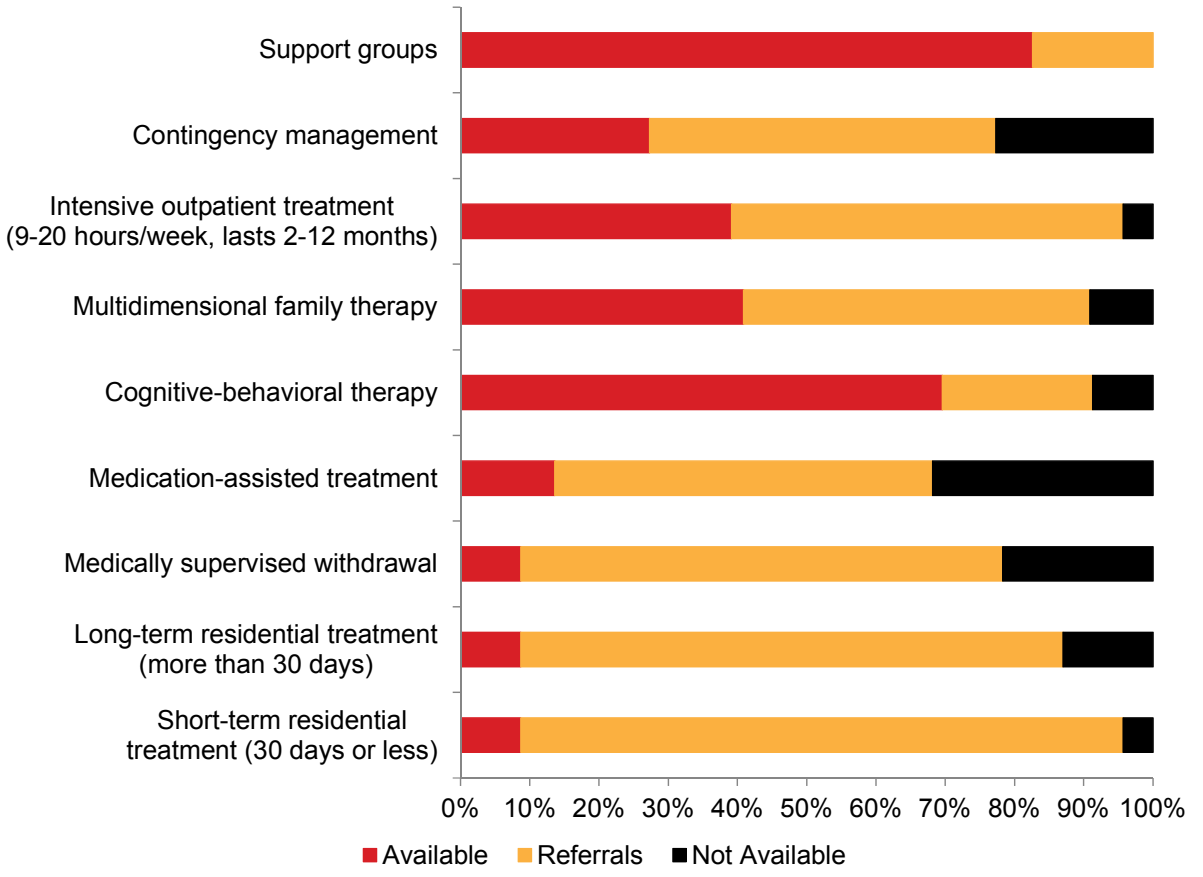
The ongoing demand for recovery services is high. NAL continues to seek funding to support appropriate staffing and needed transportation services. To prevent substance abuse, NAL engages the community through cultural groups – dancing, drumming, singing, beading and creating artwork – increasing social support and positive Native identity.

RESULTS

Question: For each of the following substance abuse treatment services, please indicate if it is available on-site at your organization, if your organization provides referrals for that service, or if that service is not available.

Figure 2 illustrates the availability of select substance abuse treatment services. In general, support services had greater availability than treatment services assessed in the survey. Support groups are universally available across UIHOs, with 100% of respondents reporting support groups on-site or through referral. Short-term residential treatment, intensive outpatient treatment and therapy (cognitive behavioral therapy and multidimensional family therapy) represent the most widely available treatment services with over 90% of sites reporting these services as available on-site or through referral. Other types of treatment services described by respondents include motivational interviewing, dialectical behavior therapy and partnerships with court systems to address drug and alcohol related criminal offenses.

Figure 2. Availability of Substance Abuse Treatment Services



The extent of support available to ensure follow-up for referrals or access to referral organizations and providers is unknown. Referrals may introduce additional barriers and challenges to accessing prevention, support and recovery services.

PROGRAM HIGHLIGHT

American Indian Health & Family Services of Southeastern Michigan, Inc. (AIHFS)

Active participation on the Intertribal Council of Michigan (ITC) brought attention to the urban Indian population and led to relationships that allowed AIHFS to respond to the community-identified need for traditional substance abuse services and support. In 2010, AIHFS became one of 13 Access Centers through the ITC's Access to Recovery (ATR) grant from the Substance Abuse and Mental Health Services Administration, with a goal of providing those seeking recovery from substance abuse choice in providers and a full continuum of services in a culturally competent manner.

As a payer of last resort, ATR increases access to services for those who may not be eligible for Medicare/Medicaid or whose private insurance has limited substance abuse treatment coverage. A spectrum of services, from intensive outpatient therapy to traditional healers and talking circles, are available to AI/ANs and their family members who enroll in ATR. Individual recovery management plans are based on the client's preferences, addiction severity and his or her readiness for change.

AIHFS staff carefully considered how to provide cultural services to a diverse urban Indian population originating from many different tribes and traditions. ATR funding allows AIHFS to expand the amount and type of services available for their clientele, either on a group or individual basis with a cultural broker, including healers, teachings, medicines, talking circles and sweat lodge ceremonies.

Staff wear many hats, with each clinician doing his or her own online billing and talking circle facilitators providing transportation, adjusting his or her job duty expectations to meet the program needs. Lack of transportation and meeting basic needs have been a barrier to retention in ATR. Some housing and transportation support is available, but these barriers continue to be a challenge. AIHFS staff feel all funding mechanisms should support programming that focuses on approaches that address all of an individual's needs; supporting the whole person to create balance and a sustainable recovery.

In addition to Government Performance and Results Act (GPRA) measures, AIHFS staff use a readiness to change ruler, the AUDIT, CRAFFT and DAST screening tools. The clinic's electronic health record system allows them to track changes in addiction severity as well as readiness to change from baseline to discharge and at 6 months post-discharge. Client satisfaction is also a marker of success for the ATR program, with the clinic moving from continuous satisfaction surveys in the waiting room to specific satisfaction surveys conducted at the end of treatment cycles.

The Michigan Certification Board of Addiction Professionals recently approved ITC/ATR's Peer Recovery Mentor Institute as meeting the Educational Requirements for Peer Mentor Certification. As a result, services will expand to include Peer Recovery Support. The State's approval of the certification specialized for the Native community ensures that these services are reimbursable.

The educational resources, tools and logistical support available through the Intertribal Council of Michigan at http://www.atrhealingcircle.com/ have been a valuable resource for AIHFS staff.

RESULTS

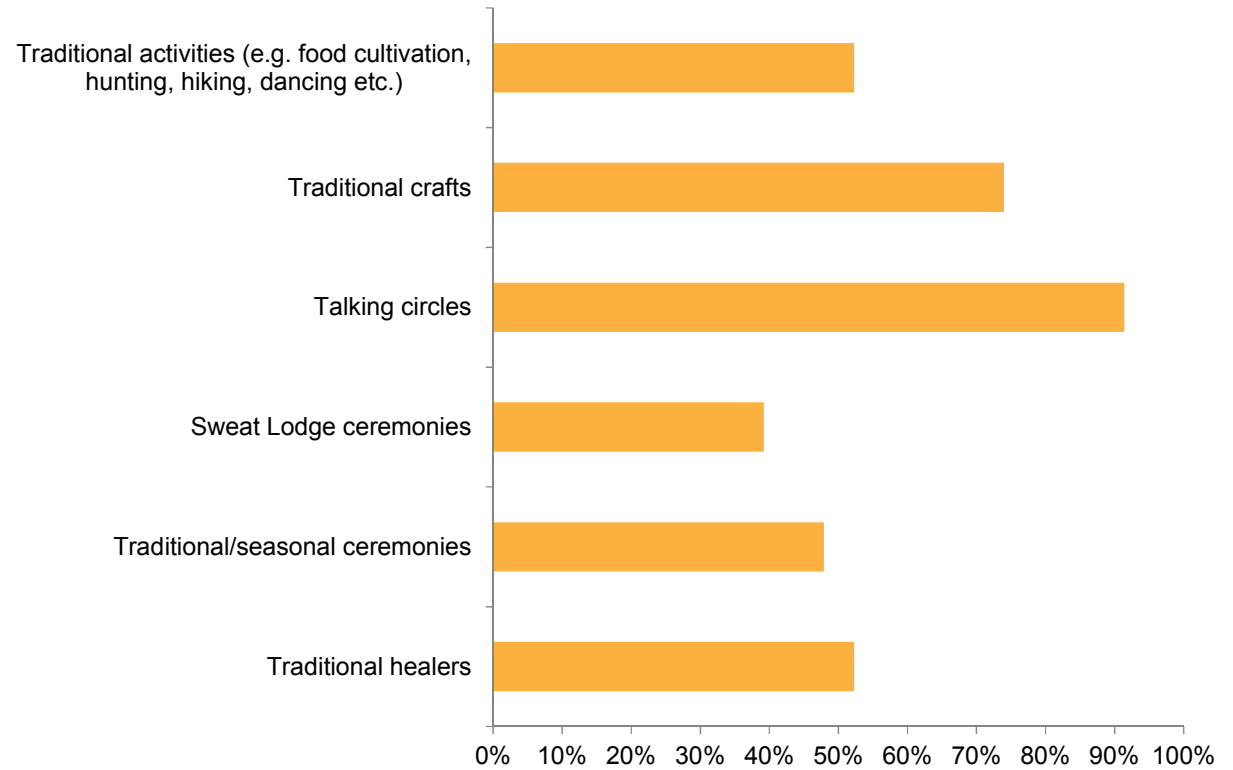
Traditional Services for Substance Abuse Prevention and Recovery

Many UIHOs incorporate AI/AN values and perspectives on wellness into conventional substance abuse prevention and treatment programs. In addition, many UIHO also offer traditional activities and care to meet the unique health and social needs of their urban Indian clientele. Culturally appropriate programming may increase acceptability of services and promote a positive cultural identity, which may in turn prevent substance abuse and support recovery.

Question: What American Indian or Alaska Native traditional care or activities does your organization provide for substance abuse prevention or treatment? (Select all that apply).

Almost all respondents (96%) reported offering at least one type of traditional care or activity for substance abuse prevention or treatment on-site, and 100% of respondents offered traditional activities either on-site or through referral. The most common traditional approaches to substance abuse prevention or treatment reported were talking circles (91%), followed by traditional crafts (74%). Other cultural activities described by respondents include digital storytelling, dinners or feasts, drum groups, traditional food and plant medicine classes, smudging and hosting powwows.

Figure 3. Availability of Traditional Care or Activities



PROGRAM HIGHLIGHT

Nevada Urban Indians (NUI)

Friends, school and home life are among a variety of factors that influence the decisions young people make regarding alcohol and drug use. The Adolescent Community Reinforcement Approach (ACRA) acknowledges the important role of these contextual factors and attempts to adjust the environment to make sober behavior rewarding. Positive reinforcement of healthy lifestyle changes and choices by counselors, teachers, caregivers and peers is a key component of the ACRA.

When Vicki Lillegard joined NUI three years ago as a substance abuse counselor, she brought with her extensive training in the ACRA, which included a certification process consisting of in-person training as well as feedback on recorded sessions. Using skills and tools from this training and certification process, she has implemented the ACRA at NUI with positive feedback from clients, families, school deans/counselors, juvenile probation officers and other key stakeholders.

While the ACRA is flexible to the client's needs, there are core procedures that guide the intervention, including sessions with the teen and caregivers, both individually and in joint sessions. In addition to the conventional assessment of substance use, ACRA also assesses happiness in different life domains, allowing the counselor to work with the teen to develop goals and skills to improve happiness. Essential to the ACRA is increasing healthy social activities and relationships as well as showing youth ways to lead an enjoyable life without using alcohol or drugs.

During the ACRA sessions, teens and their families develop communication, problem solving, job seeking, anger management and alcohol/substance abuse refusal skills. Role-playing offers the opportunity to practice skills and apply them to scenarios the teen encounters. At the end of each session, the adolescent and counselor agree on a homework assignment that allows the teen to apply skills outside the clinical setting. NUI provides the ACRA as part of individual treatment plans, but many of the sessions could be done in a group setting, with clients role-playing with one another. Modifying the ACRA slightly, NUI has added an exploration of spirituality, Native identity and traditions for their urban AI/AN clients.

Currently, NUI supports the ACRA through their IHS contract and funding from the Methamphetamine and Suicide Prevention Initiative and is working towards third party billing. While the ACRA resources, tools and training manuals are available online (http://www.chestnut.org/) at no cost, the certification process provides valuable technical support and feedback. It is recommended that counselors become trained in ACRA, ACC (Assertive Community Care) and the GAIN (Global Assessment of Individual's Needs). ACC helps prevent relapse by providing mentoring, home visits and case management after initial treatment. The GAIN is used as an assessment tool that provides data to support future grant funding.

Recognized by the Substance Abuse and Mental Health Services Administration as an evidenced-based program, when evaluated in AI/AN communities, the ACRA has been shown to improve substance abuse treatment outcomes. The ACRA addresses the whole individual and their environment to create and support sustainable recovery focusing on not only abstinence from alcohol and other drugs, but also promoting improved relationships with family and peers, problem solving skills and positive social activities.

RESULTS

Engaging the Community in Care

Question: What approaches has your organization found to be successful for bringing clients into prevention, support or treatment services?

Using an open-ended question format, UIHOs were asked to identify approaches successful at bringing clients into substance abuse recovery services. Referrals were the most common method by which clients first entered care, including word of mouth from family or friends, other community agencies and the court system. Another common theme was the use of community outreach to identify and recruit clients, largely through attendance at community events, fairs and gatherings. Many programs reported that cultural activities, peer group activities and incentives such as food were important aspects of their programming that engaged clients in recovery services.

Question: What aspects of your programming or staffing do you think are most critical to meeting the substance abuse needs of your community?

We also asked respondents to identify the aspects of their programming or staffing that are most critical to meeting the substance abuse needs of their community. Many sites reported the importance of providing cultural and traditional services as a valuable and unique role they play in the community. Additionally, some noted their ability to connect clients to other critical and wrap-around services. Others reported that relationships and rapport, with both clients and other community agencies, help facilitate high quality service delivery. An element of the relationships with clients and organizations specifically noted was on-going communication and follow-up. Providing access through no-cost services and transportation provision (e.g. vans, taxi vouchers and bus passes) was also a theme related to meeting community needs. Other respondents noted the importance of an integrated team approach to meeting client needs.

Some respondents took this opportunity to describe the gaps that need to be filled to meet their community's need. Many programs noted the need for more staffing (especially licensed psychiatric and chemical dependency professionals), as well as a need for a wider range of treatment options, especially those that include the family or allow children to stay with their parents. Recruiting and retaining AI/AN staff was noted as a challenge; this difficulty was compounded by financial limitations. While some UIHOs cited access as a way of meeting community needs, other UIHOs noted access as a challenge, highlighting the barriers to accessing their services, including transportation and the costs associated with treatment.

PROGRAM HIGHLIGHT

South Dakota Urban Indian Health (SDUIH)

After the loss of funding for a substance abuse support group held at a local homeless shelter, SDUIH responded to the community demand for a culturally-specific recovery group by starting *Beyond Trauma*. Recognizing that many substance abuse disorders in their community stem from extensive trauma – historical, childhood and current – SDUIH wanted to directly address these root causes to support sustainable recovery.

Drawing on the book, *One Small Step*, for guidance, SDUIH designed the weekly *Beyond Trauma* support group to focus on the present to help participants create rewarding and enjoyable lives, beyond a survivor identity. Opening with a prayer and smudging, the group participants share not only their struggles, but also celebrate their triumphs.

An important benefit of the group is the development of trusting relationships between the participants, who have an opportunity to make friends with whom they can enjoy substance-free activities. Additionally, seeing resilience and courage in their peers helps the participants to see these qualities in themselves. Believing that improving the quality of relationships with oneself, family and the community is a crucial element of recovery, SDUIH incorporates the Native Wellness Institute's *Healthy Relationships* curriculum.

While not originally intended to be a women's only group, *Beyond Trauma* has organically become a safe space for women of all ages to gather and heal. With the popularity of this group, SDUIH is considering adding a second women's group at another time of day to accommodate work schedules. Aware of trauma differences by gender, they are also considering adding a men's group.

To ensure continuity, two staff members facilitate the group and are available to provide resources on parenting, care-giving for elderly family members, relationships and referrals. As substance abuse often co-occurs with depression, post-traumatic stress disorder and other medical conditions, SDUIH strives to provide holistic care. *Beyond Trauma* staff participate in case consultations that allow providers to share information and perspectives on treatment approaches.

Partnerships with the city and county, shelters and the Veterans Administration have added to SDUIH's capacity to provide substance abuse services. Some informal, others solidified through Memorandums of Agreement, these partnerships provide additional staffing and extended referrals when a higher level of care is necessary, such as a clinical psychologist and/or psychiatrist. SDUIH is also building a community of prevention through outreach, especially partnerships with local schools and student groups. Using traditional activities such as drumming and dancing, SDUIH staff work with school-age youth to build self-esteem and a healthy, positive Native identity to prevent substance abuse.

RESULTS

Funding

Question: Rank the sources of funding that support your organization's substance abuse services and staffing from largest proportion of funding to smallest proportion of funding.

The type, scope and reach of substance abuse services available to the community are dictated by funding. Table 1 shows the sources of funding for substance abuse prevention and recovery services by rank (1 = largest proportion of funding).

Thirteen sites cited the IHS as the largest provider of their substance abuse funding and 20 sites reported the IHS as contributing a portion of substance abuse funding. Most sites have a patchwork of funding sources with an average of 6.8 sources of funding per site to support these services. Consequently, much of the substance abuse service data are lost in Uniform Data System reporting, which is restricted to only IHS-funded services.

Table 1. Rank of Funding Sources

Rank	Funding Source
1	Indian Health Service (IHS)
2	County or city
3	State
4	Medicare/Medicaid
5	Private foundations
6	Substance Abuse and Mental Health Services Administration (SAMHSA)
7	Private insurance
8	Other*
9	National Institute on Drug Abuse (NIDA)
10	General organizational funds

*Other sources of funding described by respondents include client fees, Tribes and fundraisers.

Funding traditional services can be challenging since it can be difficult to bill a third party (insurance or Medicaid/Medicare) for such care. Most organizations that offer traditional services provide them through grants, private donations, volunteer efforts or general operating funds.

RESULTS

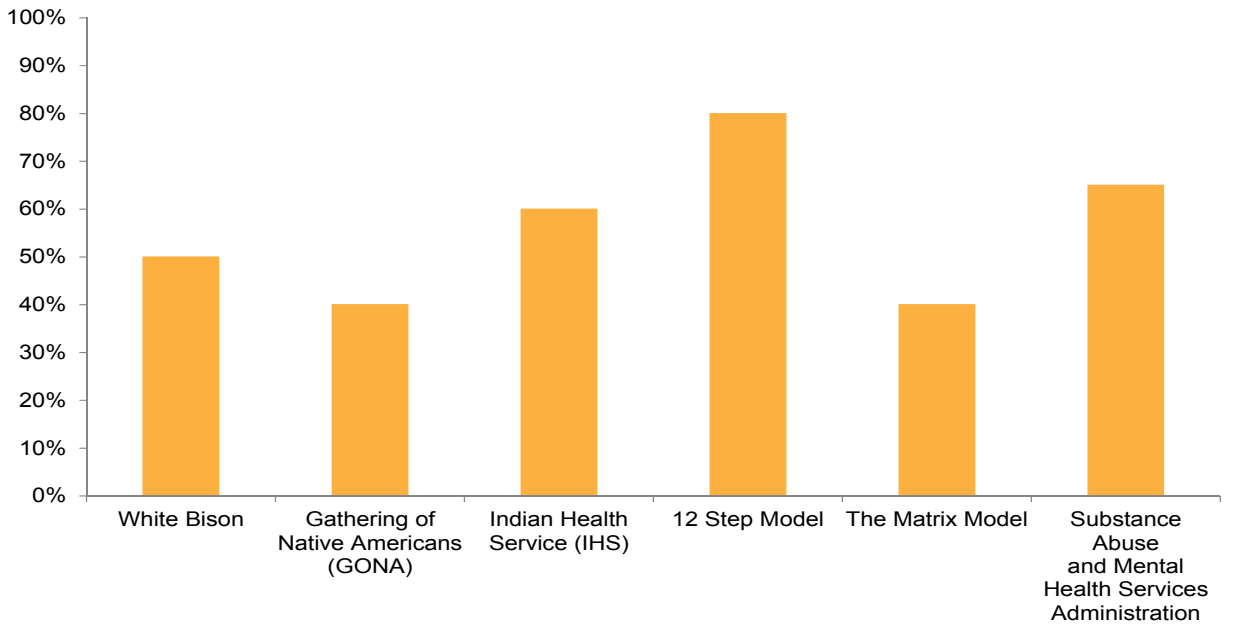
Inspiration and Resources

The increasing pressure linking implementation of evidence-based practices to program funding is a challenge, particularly since most practices are not developed or tested in urban AI/AN communities. UIHOs look to multiple sources, including the experience and input of their communities, for models or approaches to substance abuse prevention and recovery that are appropriate for their urban AI/AN clients.

Question: What resources or models has your organization used to support delivery of substance abuse services to urban American Indians and Alaska Natives? (Select all that apply).

Eighty percent of UIHO respondents offer recovery support through the 12 Step model, although some use a modified model for AI/ANs. A majority of organizations also look for information from SAMHSA (65%), IHS (60%) and White Bison (50%) in designing, developing and implementing substance abuse prevention and recovery services. A few sites also reported implementation of The Red Road and Peer Recovery Support, which also come out of White Bison. Others reported developing their own programs and looking to traditions to inform programming. Urban programs rely on an average of 3.8 different sources to inform services.

Figure 4. Resources and Model Utilized



RESULTS

Monitoring and Evaluation

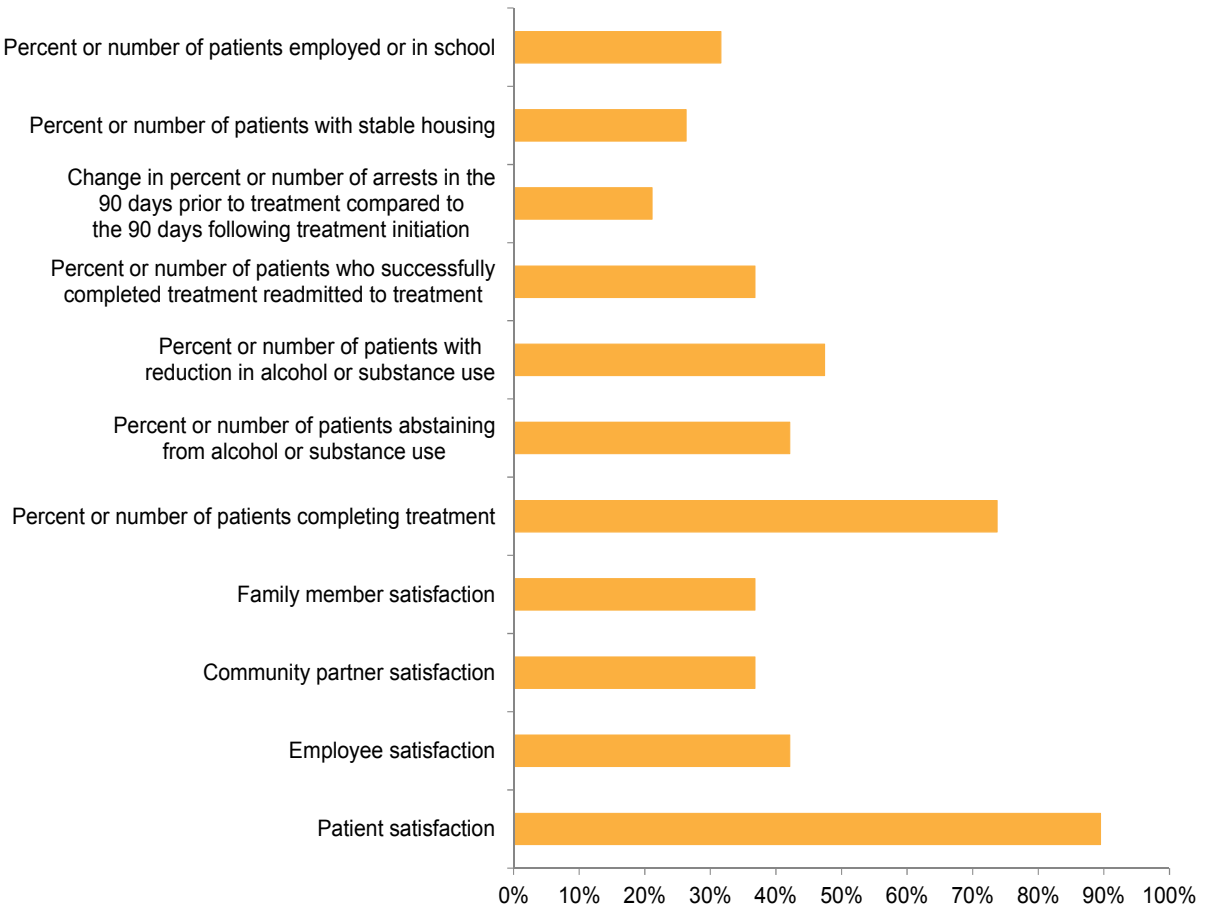
Monitoring and evaluation are critical to developing practice-based evidence for effective substance abuse prevention and recovery approaches in the urban AI/AN community. Understanding what contributes to positive outcomes and how those outcomes are achieved is important on an individual and organizational level and is essential for securing future funding.

Question: Which outcomes does your organization track in evaluating your substance abuse services? (Select all that apply).

Sites track an average of 4.9 indicators in evaluating substance abuse programming. However, one site noted that they track many indicators, but do not necessarily use these data to evaluate programming. Patient satisfaction is by far the most ubiquitous monitoring activity, with nearly 90% of respondents collecting patient satisfaction data. Satisfaction is an important marker of acceptability and therefore service utilization. Most sites (74%) track the percent or number of patients completing treatment. Outcomes of the substance abuse treatment, such as reduction in alcohol or substance use or change in arrests, are less frequently reported (47% and 21% respectively).

Some respondents also track the following indicators: hospitalizations, deaths, receipt of other medical services and number of patients admitted to treatment.

Figure 5. Monitoring and Evaluation Measures Collected



CONCLUSIONS

According to the 2011 Uniform Data System 8% of AI/AN clients utilize alcohol or substance abuse services, compared to 4% of all patients.[1] However, results from this survey confirm that these numbers reflect only a portion of the alcohol and substance abuse prevention and treatment services, as Uniform Data System data include only those services funded through IHS. The Indian Health Service is a critical source of funding for UIHO services, but only 1% of the IHS budget is allocated to the urban programs despite over 71% of AI/AN peoples living in urban areas.[2,3] UIHOs have responded to their communities' needs with creativity, partnerships and the pursuit of diverse funding sources.

The UIHOs offer AI/ANs living in urban areas an opportunity to connect with cultural traditions and practices to support not only sobriety but also physical, emotional and spiritual wellness. American Indian/Alaska Native values are not an add-on to conventional western treatment modalities, but rather a foundation for every interaction. The UIHOs are a provider of social and medical services as well as a part of the AI/AN community. This is especially evident in the number of sites that highlighted the importance of outreach and participation in community events as integral to meeting the substance abuse needs of their community.

These outreach activities guide clients into care as well as provide an important approach to substance abuse prevention. Engaging youth in cultural activities and positive social interactions is a predominate method of the UIHOs to prevent substance abuse in future generations.

While most sites track patient satisfaction it will be increasingly important to measure health and social outcomes resulting from UIHO programming, not only to understand what works but also to secure funding in an increasingly competitive environment. While this report offers a glimpse into the type and scope of substance abuse prevention and recovery services available at UIHOs, enhanced data from the Uniform Data System and/or the development of an alternative reporting system to capture the cost-effectiveness and outcomes of these services will be crucial to policy and funding advocacy.

A stable source of funding to support the consistent delivery and evaluation of services is critical to improving the health and well-being of urban AI/AN communities.

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1. Uniform Data System. 2012. Urban Indian Health Program Uniform Data System Calendar Year 2011 Data National Rollup Report. Prepared by John Snow, Inc.

2. United States Department of Health and Human Services. (2012). Fiscal Year 2012 Budget in Brief: Indian Health Service. Retrieved September 23, 2013 from http://www.hhs.gov/about/budget/fy2012/fy2012bib.pdf.

3. U.S. Census Bureau. 2010. "Census 2010 American Indian and Alaska Native Summary File; Table: PCT2; Urban and rural; Universe Total Population; Population group name: American Indian and Alaska Native alone or in combination with one or more other races." Retrieved September 23, 2013 from U.S. Census http://factfinder2.census.gov/

APPENDIX

Table 1. For each of the following substance abuse prevention or support services, please indicate if it is available on-site at your organization, if your organization provides referrals for that service, or if that service is not available. (Select all that apply).

Prevention or Support Services	Total Valid Responses	Available	Referrals	Not Available
Traditional housing	23	8.7%	78.3%	13.0%
Assistance finding treatment	24	66.7%	33.3%	0.0%
Resource center	24	91.7%	8.3%	0.0%
Education	24	91.7%	8.3%	0.0%
Screening, Brief Intervention, and Referral (SBIRT)	24	100.0%	9.1%	0.0%
Job training	24	20.8%	70.8%	8.3%
Parenting classes	24	33.3%	54.2%	12.5%
GED courses	24	4.2%	79.2%	16.7%

Table 2. For each of the following substance abuse treatment services, please indicate if it is available on-site at your organization, if your organization provides referrals for that service, or if that service is not available.

Treatment Services	Total Valid Responses	Available	Referrals	Not Available
Short-term residential treatment (30 days or less)	23	8.7%	87.0%	4.3%
Long-term residential treatment (more than 30 days)	23	8.7%	78.3%	13.0%
Medically supervised withdrawal	23	8.7%	69.6%	21.7%
Medication-assisted treatment	22	13.6%	54.5%	31.8%
Cognitive-behavioral therapy	23	69.6%	21.7%	8.7%
Multidimensional family therapy	22	40.9%	50.0%	9.1%
Intensive outpatient treatment (9-20 hours/week, lasts 2-12 months)	23	39.1%	56.5%	4.3%
Contingency management	22	27.3%	50.0%	22.7%
Support groups	23	82.6%	17.4%	0.0%

Table 3. What American Indian or Alaska Native traditional care or activities does your organization provide for substance abuse prevention or treatment? (Select all that apply).

Traditional Care and Activities	Total Valid Responses	Percent
Traditional healers	23	52.2%
Traditional/seasonal ceremonies	23	47.8%
Sweat Lodge ceremonies	23	39.1%
Talking circles	23	91.3%
Traditional crafts	23	73.9%
Traditional activities (e.g. food cultivation, hunting, hiking, dancing etc.)	23	52.2%

APPENDIX

Table 4. What resources or models has your organization used to support delivery of substance abuse services to urban American Indians and Alaska Natives? (Select all that apply).

Resources and Models	Total Valid Responses	Percent
White Bison	20	50%
Gathering of Native Americans (GONA)	20	40%
Indian Health Service (IHS)	20	60%
Substance Abuse and Mental Health Services Administration (SAMHSA)	20	65%
The Matrix Model	20	40%
12 Step Model	20	80%

Table 5. Which outcomes does your organization track in evaluating your substance abuse services? (Select all that apply).

Tracked Outcomes	Total Valid Responses	Percent
Family member satisfaction	19	36.8%
Percent or number of patients completing treatment	19	73.7%
Percent or number of patients abstaining from alcohol or substance use	19	42.1%
Percent or number of patients with reduction in alcohol or substance use	19	47.4%
Percent or number of patients who successfully completed treatment readmitted to treatment	19	36.8%
Change in percent or number of arrests in the 90 days prior to treatment compared to the 90 days following treatment initiation	19	21.1%
Percent or number of patients with stable housing	19	26.3%
Percent or number of patients employed or in school	19	31.6%

Please contact the Urban Indian Health Institute with your comments by emailing info@uihi.org, calling (206)812-3030 or visiting us online at www.uihi.org.

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This report was prepared by Julie Loughran, MPH, Emma Strick, BA and Chelsea Ongaro, BA.